

## REQUEST FOR SUPERINTENDENT'S WAIVER FOR COMMUNITY DAY SCHOOLS

Return to: Daniel Sackheim, Education Programs Consultant  
Educational Options Office  
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☐ First Time Waiver  
☐ Renewal Waiver

County-District-School (CDS) CODE											

LEA:	Contact/recipient of approval/denial notice:	
Address: (City) (State) (ZIP)	Phone: ( ) FAX: ( )	
Period of request: From: To:	Local Board approval date:	
<b><i>PART I. LEGAL CRITERIA</i></b>		
1. Type of Waiver Superintendent's Waiver		
2. Education Code or California Code of Regulations section to be waived: Education Code Section 48664(a) funding limitations		
<b><i>PART II. RATIONALE AND DESIRED OUTCOME</i></b>		
<i>(PLEASE BE AS SPECIFIC AND CLEAR, YET BRIEF, AS POSSIBLE WHEN ANSWERING THE FOLLOWING:)</i>		
<p>1. Summary of the Education Code, California Code of Regulation section, or portion to be waived. (Please summarize the meaning of Education Code or California Code of Regulation to be waived.)</p> <p>A school district with fewer than 2,501 ADA may request a waiver of the funding limitations in Education Code Section 48664(a) in order to access the small school funding base for one teacher pursuant to Education Code Section 42284 and permit the operation of a community day school of a quality comparable to that offered by a larger district.</p>		
<p>2. Desired outcome/rationale. (State what you hope to accomplish with the waiver. Describe briefly the circumstances that brought about the request and why the waiver is necessary to achieve improved student performance and/or streamline or facilitate local agency operations.)</p>		
District Certification – <i>I hereby certify that the information provided on this application is correct and complete.</i>		
Signature of Superintendent or Designee	Title	Date
Local Board of Education Approval	Title	Date

<b>FOR CALIFORNIA DEPARTMENT OF EDUCATION USE ONLY</b>		
Responsible Office:		
Yes/No Meets under 2501 previous year ADA criterion		
Guidelines: <input type="checkbox"/> Met <input type="checkbox"/> Not Met		
Department of Education Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Deny (Please attach a complete, but brief explanation of reason/s) for denial.)		
Staff (Type or Print)	Staff ( <i>Signature</i> )	Date
Unit Manager (Type or Print)	Unit Manager ( <i>Signature</i> )	Date
Division Director (Type or Print)	Division Director ( <i>Signature</i> )	Date
Deputy (Type or Print)	Deputy ( <i>Signature</i> )	Date